P1-0151

# EVALUATION OF THE EFFECTS OF ADDING ORAL PREGABALINE TO MORPHINE IN PATIENTS-CONTROLLED IV ANALGESIA (PCIA) AFTER ORTHOPEDIC SURGERY

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Background:
Optimal pain treatment with minimal side-effects is essential to allow early mobility, optimal functional recovery, and to reduce postoperative morbidity and mortality. A combination of different, preferably non-opioid, analgesics should be administered in order to provide additive or synergistic effects together with reduced, opioid-related side-effects.
Pregabaline is an α2-δ ligand that has analgesic, anticonvulsant, anxiolytic, and sleep-modulating activities. This clinical trial was designed to determine if the addition of pregabaline to morphine for PCA results in subjectively increased analgesic efficacy and lower pain scores compared with morphine PCA alone after orthopedic surgery.
Methods:
After giving written, informed consent, 60 patients were randomly allocated to receive PCA consisting:
Group 1 (morphine 0.2 mg/ml), Group 2 (morphine 0.1mg/ml + oral pregabaline 300mg/d/48h). Assessments were made at 24 and 48 h postoperatively. Pain scores (VAS) were recorded. PCA morphine use was recorded at 24 and 48. VAS scores over 48 h were analyzed with analysis of variance for repeated measures. Significance level was taken as 0.05.
Results:
Post-operative administration of pregabalin 300 mg for 48 hr, resulted in a nearly 50% reduction in 48 h postoperative morphine requirements in patients undergoing orthopedic surgery under spinal anesthesia.
Conclusions:
We have demonstrated that Post-operative dose of pregabaline resulted in reduction postoperative morphine requirements in patients undergoing orthopedic surgery.
KEYWORDS: PCA, Morphine, Pregabalin.